

## An Invitation from BEAS to Providers

### *Listening Forums*

The Bureau of Elderly and Adult Services (BEAS) has scheduled Provider Listening Forums throughout the State of New Hampshire in July, in an effort to facilitate communication between State personnel and community providers. The Listening Forums are designed for community providers to have the opportunity to present their ideas, observations and recommendations regarding services, trends and issues affecting adult services. Although these forums will be information-gathering sessions, it is anticipated that the forums will reveal areas where the State and providers can work together; identifying gaps and improvements as to how best to meet the needs of the incapacitated adults and elderly population with whom we both serve. State Personnel from Adult Protective Services, Rate-setting, Finance, Home and Community Based Care, Community Passport, Adult Family Care and State Registry will be available to hear the comments of the provider community.

The Bureau extends an open invitation to all New Hampshire providers to participate in this process and ask that you RSVP to Heather at [heather.tuttle@dhhs.state.nh.us](mailto:heather.tuttle@dhhs.state.nh.us) or 1-800-735-2964 x 4384.



Date	Time	Town	Location
July 7, 2008	1:30 p.m.	Nashua	Harbor Homes, 45 High Street
July 14, 2008	10:00 a.m.	Portsmouth	Portsmouth Community Campus
July 15, 2008	1:00 p.m.	Berlin	White Mtns Community College
July 22, 2008	1:30 p.m.	Littleton	Littleton Area Senior Center
July 28, 2008	11:00 a.m.	Claremont	Claremont Senior Center

## Catastrophic Illness Program

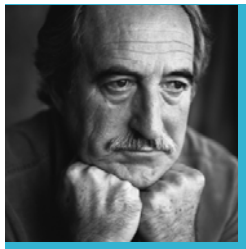
The Catastrophic Illness Program (CIP) is a state funded program, which provides payment assistance to those with catastrophic illness who have financial need. Catastrophic illnesses covered under the program include:

- Cancer
- Hemophilia
- End-stage renal disease
- Spinal cord injury
- Cystic fibrosis
- Multiple sclerosis

Applicants must be residents of the state and must demonstrate medical and financial eligibility. Financial guidelines vary by family size. For a single person, the yearly gross income limit is \$13,500. The yearly CIP award limit is \$2,500 and determinations are made on an individual basis according to established criteria. Covered costs vary by illness and treatment, for example, for End Stage Renal Disease, payment assistance would extend to transportation for dialysis.

The program is administered by BEAS. CIP provides financial assistance to 600-700 individuals each year. For an application or for questions please contact **1-800-351-1888, Ext. 4495, TDD Access: 1-800-735-2964.**





# Suicide Prevention for Older Adults



Older adults have the highest rates of suicide of any age group in the US. They represent 13% of the population but 20% of all suicides. [Surgeon General's Call To Action To Prevent Suicide]

The facts are:

**Suicide is a public health problem across the lifespan.**

**Suicide is generally preventable.**

The most recent data from the Centers for Disease Control and Prevention (CDC) indicate that in 2005, New Hampshire had 162 suicides. Of these, 38 were age 60 or older. Firearms were the primary means of death, but more so for older adults (68.4%). Beyond these tragic deaths, many who attempt suicide suffer serious injury and require medical care. In addition, those who die by suicide leave a profound and lasting loss on their family and friends. Research has also demonstrated that the experience of losing a loved one to suicide can increase the risk of suicide for other family and friends in current and future generations.

What prompts someone in their golden years to consider suicide? Suicide is a complex problem, but fortunately, growing information and awareness have highlighted it. New Hampshire adopted a Suicide Prevention Plan in 2004 aimed at reducing suicide for all ages. The comprehensive plan includes efforts to raise awareness, reduce the stigma, improve mental health care access and improve media reporting. The plan can be accessed on line: <http://www.dhhs.nh.gov/DHHS/DPHS/LIBRARY/Program+Report-Plan/suicide-prevention.htm>

It is important to be aware of who is at risk for suicide. For all ages, most who die by suicide suffer from depression, other mental illness or a substance abuse problem. Older adulthood presents risks that differ in some respects from other ages. Depression co-occurs with many illnesses and losses, thus it is often undiagnosed or under-treated, however, depression is **not** normal at any age and it can be effectively treated.

Statewide suicide prevention efforts are aimed at raising awareness, reducing the stigma and helping people **Recognize** the risk and warning signs of suicide and **Connect** those at risk with the help they need. The National Alliance on Mental Illness (NAMI) NH has developed the Frameworks suicide prevention program. To contact NAMI NH call 603-225-5359 or Toll Free 1-800-242-6264. Suicide prevention awareness training for the older adult population is also available by contacting Laura Collins at 603 271-8339.

## Contact and Information

### NH EMERGENCY HOTLINE

911

### REAP

(Referral Education Assistance & Prevention Program)  
available through the ServiceLink Resource Center  
**1-866-634-9412 (TDD NH Relay 1-800-735-2964)**

### CMHC

(Community Mental Health Centers) 10 statewide,  
provide mental health services to those eligible. Full list on  
the web at: [www.dhhs.state.nh.us/DHHS/BBH/regions.htm](http://www.dhhs.state.nh.us/DHHS/BBH/regions.htm)



**National Suicide Prevention Lifeline**  
**1-800-273-TALK (8255)**

*Call for yourself or for someone you care about. Help is available 24 hours a day, seven days a week.  
All calls are confidential.*

## Nutrition Programs for Older Adults

The Older Americans Act (OAA) enacted in 1965 affirms our sense of responsibility toward the well-being of our older citizens. The Act remains the guiding framework for senior centers and nutrition programs. The Bureau of Elderly and Adult Services (BEAS) contracts with a number of community agencies that make up the New Hampshire Coalition of Aging Services, in order to ensure statewide provision of aging and nutrition services. Some agencies cover larger areas, some smaller, but the nutrition programs are a central point of focus. It is easy to see why.

The nutrition program is often viewed as two programs meeting two needs. The Home-Delivered Meals program, also known as "Meals On Wheels," enables disabled and home-bound individuals to receive a nutritionally balanced meal, which in turn promotes their good health and independence. Secondly, the "Congregate Meals Program," provides individuals out in the community a hot and nutritious meal in either a congregate or group setting such as a senior center or elderly housing. Congregate meals are available to those 60 or over or disabled age 18 and over. Individuals that participate in a congregate



meals program have the opportunity to socialize and engage in a variety of other programs such as health and wellness programs, volunteer opportunities, transportation and other activities.

The nutrition programs are one of the most organized and inspiring programs run around the state, day in and day out, all year round. In 2007, the NH Coalition of Aging Services served roughly 1.8 million home delivered and congregate meals. The preparation and delivery behind this number is difficult to appreciate. Each agency can perform all of the work themselves or contract out a portion. I visited one central prep kitchen for one coalition agency that does it all – from cooking to delivery. On one morning there were 10 folks packing meals for one day of meals for one region. Next door several more staff were planning menus and ordering supplies. Delivery trucks and drivers were behind the scenes.

A behind-the-scenes effort goes into the nutrition program **each day**, not to mention five days a week, 52 weeks a year. The program receives federal and state funding but it is supplemented by volunteers, boosted by local contributions and local fundraising and helped by the contributions that are made by seniors. It is truly a valuable and remarkable program.

## A Meal and So Much More *Belknap-Merrimack Counties*

The Community Action Program (CAP) Belknap-Merrimack Counties, Inc. provides elder services in New Hampshire's two central counties. Their mission is to promote the physical, emotional and economic well-being of older adults and participation in all aspects of community life. They accomplish this by offering a wide range of popular and enriching elder services and congregate meals at their nine senior centers and by delivering hot meals to 750 frail elders each weekday. They also offer wheelchair accessible transportation in some locations. Each center's offerings are unique and serve several communities. The senior center locations are: Alton, Belmont, Laconia, Meredith, Suncook, Franklin, Bradford, Pittsfield and Horseshoe Pond Place (Concord).

The meals program is a central if not fundamental function of the program. A glance at the monthly menu is enough to make your mouth water. Pot roast, pork loin w/gravy and chicken cordon bleu are rounded out by whipped potatoes, vegetables and desserts. These are just a few of the mid-day offerings, but every meal provides 1/3 of the USDA required nutrients. The food is prepared through one central kitchen in Concord. Food is ordered and menus prepared months in advance and 1100-1200 meals are prepared each day. Twenty-seven drivers take care of the home delivered meals. Staff longevity with the program is something to be proud of and the drivers are no exception, they know their routes, each person they deliver to and they proceed in all kinds of weather. Drivers may be the only contact some people have over the course of a week or two and that contact can be invaluable.

The suggested donation for a meal for a senior is only \$2.00, but as Pam Jolivette, Program Director of CAP Belknap-Merrimack Counties points out, some cannot afford this. Most importantly, the meal draws folks in to the centers and fortifies them with a nutritious meal. On a wintry day, a morning class, a wellness check, a quilting bee or a card game may provide the additional incentive for the trip in to the center as well as another opportunity for socialization, enrichment or wellness. Special events and offerings are also available through each center, such as a trip to an exhibit, theater, dining out, or for other special events.

Adequate nutrition is particularly important for older adults who are all too often more vulnerable to disease, more limited in cooking for themselves or both. CAP Belknap-Merrimack offers older adults a meal and so much more, and in doing so they enrich the lives of the individuals they serve and the communities in which they live.





## New Hampshire Coalition of Aging Services

Community Action Program Belknap-Merrimack Counties, Tri County CAP, Gibson Center for Senior Services, Home Healthcare, Hospice & Community Services, Ossipee Concerned Citizens, Grafton County Senior Citizens Council, Rockingham Nutrition and MOW Program, St. Joseph Community Services, Strafford County Nutrition/MOW

More information is available at: <http://www.dhhs.state.nh.us/DHHS/BEAS/coalition-aging.htm>

### Administrative Rules Corner

The following rule was recently adopted:

#### He-W 619 Presumptive Eligibility for Home and Community Based Care for the Elderly and Chronically Ill

This rule implements HB 723 of the 2007 session. The Department is currently providing staff training for the presumptive eligibility program. The program is targeted for implementation July 1, 2008.



The following rule is currently in the administrative rulemaking process:

#### He-E 805 Targeted Case Management Services

This rule describes the requirements of targeted case management service (TCM) providers that provide TCM to HCBC-ECI participants.

Additional administrative rules information is on the web at: <http://www.dhhs.nh.gov/DHHS/ADMINRULEMAKING/Rules+for+Public+Comment/default.htm> or contact: Dawn Landry 271-4190 (TDD NH Relay 1-800-735-2964).



### NH ServiceLink Resource Centers and Medicare Counseling

The ServiceLink (SLRC) Team takes pride in responding to the broad array of needs in each community. One of the goals for the NH SLRC for 2008 is to enhance Medicare outreach, education, and counseling by integrating a State Health Insurance Assistance Program (SHIP) and Senior Medicare Patrol Project (SMP) Coordinator into the model.

The SHIP and SMP are national programs that offer one-on-one counseling and assistance to people with Medicare and their families. Through federal grants directed to states, SHIP and SMP provide confidential and free counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, media activities and certified training for staff and volunteers on the varied policies and issues that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the directions of the SLRC Center Manager, the SHIP/SMP Coordinator oversees the development and implementation of these programs in their County/Region.

In addition to the SHIP/SMP Coordinator, each SLRC primary office provides a Medicare Learning Center consisting of tangible tools, videos, books, volunteer support, and a computer with Internet access.

The SLRC now acts as the NH point-of-contact for all consumer-based inquiries relating to Medicare. For more information about the SLRC and Medicare supports call toll free: **1-866-634-9412 (TDD NH RELAY 1 800 735-2964)** or visit on the web at [www.servicelink.org](http://www.servicelink.org).



### BEAS E-NEWS

If you have any questions about **BEAS E-News**, a suggestion for future articles or wish to be added or taken off of the EBEAS

E-News mailing, please contact Laura Collins, Community Based Care Program Manager at [laura.k.collins@dhhs.state.nh.us](mailto:laura.k.collins@dhhs.state.nh.us)

or call her at

**603- 271-8339 (TDD NH Relay 1-800-735-2964).**

**In this life we cannot do great things.  
We can only do small things with great love.**  
~ Mother Teresa

## Direct Care Workforce - A Growing Need and a Study

Arthur Cardinal is a retired photographer whose wife died several years ago. She smiles down on the 84-year old gentleman from a photograph on the mantle while Michelle Newton, a Personal Care Attendant (PCA) from Gateways Community Services in Nashua, fixes his lunch in the kitchen. Michelle is one of thousands of direct care workers who help older people and people with disabilities in New Hampshire live with dignity, independence and safety in their own homes. This summer her employer and many other providers will be surveyed by UNH to find out what it will take to keep direct care workers on the job as the state's elderly population grows.

### Elderly Population Expands, But Workforce Does Not.

By 2030, the number of New Hampshire residents 85-and-over will nearly double but the non-elderly adult population - the people who typically provide direct care and support services - will barely grow. This means New Hampshire must look for new ways to define direct care jobs. They are considered "dead-end" jobs because pay is low, training is minimal, and respect is often an issue. Michelle and Arthur have a warm relationship but in general these jobs are considered challenging.

The position involves what might seem like basic tasks: helping some of the state's most vulnerable people get up in the morning, bathe, and eat. But direct care workers also carry out their duties without a supervisor onsite. A visit might involve caring for someone who is disoriented or disgruntled. It might require deciding whether to call 911 or the supervisor in the office if an elderly person's condition has worsened or an emergency has occurred. It is common for a strong bond to develop between the elderly person and the direct care worker, but these bonds are repeatedly severed as the older person suddenly enters the hospital or passes away. Although the job is emotionally taxing, many direct care workers find this work rewarding. However, low status, low pay, high injury rates, sporadic hours and few if any benefits have led to high employee turnover.

As policymakers attempt to make more home and personal care services available so New Hampshire's "old old" citizens can age at home, the state will have to find a way to improve these jobs. Otherwise, providers will find it hard to compete for these workers in the future. To develop a better understanding of these jobs as they are currently configured in many different kinds of agencies, the State of New Hampshire is looking to an independent survey for more information.



### Survey of Direct Care Workers

This summer, UNH's Carsey Institute will team up with the UNH Survey Center and the UNH Center for Health Policy and Practice to survey employers and employees about wages and benefits in home health and personal care services. UNH hopes to get responses from an ambitious sample of 1,000 employees. DHHS Commissioner Nicholas Toumpas has asked providers to cooperate with the independent survey so DHHS has more information on this essential workforce. The Bureau of Elderly and Adult Services has also endorsed the survey.

### High Turnover Erodes Quality

High turnover is the result of employee dissatisfaction but turnover also has a critical impact on the consumer. In recent focus groups of randomly selected consumers interviewed by the UNH Survey Center, one gentleman explained:

*"Turnover is very difficult when an aide leaves and you have to start all over again with a new aide. It's tearing for my wife because she's already bonded with someone and to have to start over again...retraining is difficult...a lot of things fall through the cracks... you go through a crazy period."*

Many conditions could cause turnover. In 2007, Kristin Smith, Ph.D., a family demographer at the Carsey Institute, found that direct care workers in the United States are uninsured at higher rates in home care than in hospitals and nursing homes. Low wages are often implicated, and so are managers. Training in coaching supervision would update managers' skills and also enable them to support direct care workers who lead complex lives, juggling multiple jobs to make ends meet, making do with unreliable cars, and cobbling together child care arrangements.

In October, 2007, Robyn Stone, executive director of the Institute on the Future of Aging Services suggested that New Hampshire's status as the fifth oldest state in the nation makes it a natural laboratory for developing creative solutions to addressing high demand for the direct care workforce. As the State of New Hampshire continues to work on systems transformation, workforce issues will need to be addressed to move forward. The UNH survey results represent a first step forward on the workforce.

## Indoor Smoking Act

New Hampshire's Indoor Smoking Act (ISA) was first adopted in 1990 to protect public health by regulating smoking in enclosed work and public places. The law was amended in 2007 to further protect against exposure to secondhand smoke which has been proven to cause lung cancer and heart disease, and has been linked to asthma, other serious respiratory problems, and Sudden Infant Death Syndrome.

The amended ISA prohibits smoking in restaurants, cocktail lounges, and other enclosed places that are owned and operated by social, fraternal, or religious organizations when open to the public. It also prohibits smoking in hospitals and other acute care settings, and public educational facilities.

Smoking may be permitted in enclosed places of public access and publicly owned buildings and offices, including workplaces, other than those listed in He-P 1902.01, in effectively segregated smoking-permitted areas designated by the person in charge.



The person in charge of the facility may declare the entire facility to be smoke-free, if smoking cannot be effectively segregated; there are also established guidelines for designated smoking within a segregated area of a publicly owned or publicly accessible building.

Facilities are required to have a written smoking policy, and, if smoking is allowed in any area, to abide by the requirements of the ISA such as providing sufficient ventilation and segregation for a designated smoking area.

If a tenant or patron has a complaint of a violation of the Indoor Smoking Act they must inform the manager/owner of the business or facility directly by phone, letter or in person. If not resolved, the complainant may next obtain an ISA Complaint Form, which is available by calling **1-800-852-3345 X 8949 (TTD 1-800-735-2964)** or on web at **[www.dhhs.state.nh.us/DHHS/ATOD/isa.htm](http://www.dhhs.state.nh.us/DHHS/ATOD/isa.htm)**. The form may be filed by mail or electronically to the Tobacco Prevention and Control Program. The complaint will be reviewed and if investigation is required and a violation found, a fine of up to \$100 may be issued.

## Elder Abuse Knows No Age Limit

In State Fiscal Year (SFY) 2007, **2,450** reports of alleged abuse, neglect, exploitation and self-neglect of incapacitated adults aged 18 and older were received by BEAS Adult Protective Services (APS). This all-time high reflects an increase of 123 reports over SFY 2006, and includes 1,633 reports on alleged victims who were 60 years of age and older - 66.6% of the total number of reports received.

In 2007, the highest number of alleged victims were in their 80's, i.e., 553. It is disturbing to note that 138 alleged victims in their 90's were reported, and that there were 5 alleged victims reported who were 100 and over.

The 2007 data shows us that although the most prevalent report type is self-neglect (1,152), when the perpetrator-related report types of emotional abuse, physical abuse, sexual abuse, neglect and exploitation are totaled, they amount to 1,298, or, 52.9%.

In 2007, the majority of reported victims lived in independent settings, such as alone in their own homes (809), in their own homes with a spouse or partner (354), in their own homes with relatives (284), or in the homes of relatives (261). The number of reported victims living in nursing homes was 248, and those living in other supervised settings totaled 213.

Preliminary figures for SFY 2008 show that APS reports are continuing to increase, with self-neglect and neglect increasing the most. In the 60 and over age group, reports of self-neglect have already increased by an alarming 102 over last year at the same time. At year's end, it is projected that a similar increase to last year's increase will result. Unfortunately, abuse, neglect, exploitation and self-neglect show no signs of abating. We need to continue our efforts to protect those vulnerable adults unable to protect themselves.

*Workforce  
continued from page 6*

For more information or to have someone speak to your group about this issue, contact

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